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FACSIMILE

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Client/Matter/Tkpr:		43889-984-5328	Date: April	14, 2003	Time Sent:				
			Number o	of pages inclu	iding this page:	13			
TO:									
Name:	Examin	er Tam D. TRAN - GAU 2676	Facsimile No.	703 872 93	314				
Company:	U.S. Patent & Trademark Office		Contact No.						

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PATENT ATTORNEY DOCKET NO. 43889-984

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Tetsuji KISHI

Serial No.: 09/677,821

Group Art Unit: 2676

Filed: October 3, 2000

Examiner: Tam D. TRAN

For: APPARATUS AND METHOD FOR DRAWING LINES

CERTIFICATION OF FACSIMILE TRANSMISSION

1 MERCENY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED TO THE PATENT AND TRADEMARK OFFICE GRITHE DATE SHOWN BELOW.

AMENDMENT TRANSMITTAL

Honorable Commissioner of Patents and Trademarks, Washington, D.C. 20231

sir:

Transmitted herewith is an amendment for the above-identified application.

STATUS

2. X Applicant is ___ is small entity - verified statement: ___ attached ___ already filed. ___ X other than a small entity.

EXTENSION OF TIME

- 3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. §1.136 apply.
 - (a) ____ Applicant petitions for an extension of time for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
one month two months three months four months	\$ 55.00 205.00 465.00 725.00	\$ 110.00 410.00 930.00 1,450.00

Fee \$___

If an additional extension of time is required, please consider this a petition therefor.

An extension for ____ months has already been secured and the fee paid therefor of ____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this Request \$

(b) X Applicant believes that no extension of time is required.

However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition for extension of time.

	R A	laims emaining Eter mendment		Highest Number Previously Paid For		sent tra		R	ate			Additional Fee
Total	:		:		:		;		•			
Claims	:	15	<u>:</u>	20	;	0	: 7	<u>< \$</u>	18.00	=	_ :	0.00
Independe	ent:		:		;		:	-			:	
Claims	:	4	:	4	:	0	: 1	ĸ \$	84.00	=	:	0.00
	Depende	ent Claims	(fi	rst present	ation)	:	\$	280.00	=	:	0.00
· <u>-</u>						tal					:	0.00
			Reduction by % for					:				
			small entity					;	- 0			
	-			TOTAL	PEE	· ·						\$ 0.00

The fee for claims has been calculated as shown below:

(a) \underline{X} No additional fee for claims is required.

-OR-

(b) The total additional fee for claims required \$

FRE PAYMENT

- 5. ___ Attached is a check in the amount of \$.
 - Charge Deposit Account No. 50-0417 the amount of \$ ____. A duplicate copy of this Transmittal is enclosed for accounting purposes.

FER DEFICIENCY

X If any additional extension and/or fee is required, this is the request therefor and to charge Deposit Account No. 50-0417.

AND/OR

Y If any additional fee for claims is required, charge Deposit Account No. 50-0417. A duplicate copy of this Transmittal is enclosed for accounting purposes.

Respectfully submitted,

MCDERMOTT, WILL & EMERY

Date: 114/03

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Michael E. Fogarty
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